

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME

Matthew David

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

Governor's Office

POSITION

CB/ID NUMBER

DIVISION OR BUREAU

INDEX NUMBER

Deputy Chief of Staff

Communications

RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

State Capitol

CITY

STATE

ZIP

CITY

STATE

ZIP

Sacramento

California

95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
9-May	5am	Sac > SB > Atl	160.52	5.65	10.00			222.40				0.00	398.57
10-May		Atl > L.A.	159.32	6.00	6.48	18.00	6.00			35.00		0.00	230.80
11-May	7:30pm	L.A. > Sac					6.00			27.00 45.00		0.00	51.00
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SUBTOTALS			319.84	11.65	16.48	18.00	12.00	222.40	0.00	80.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL			662.37 \$680.37										

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff for Emory Commencement; Staff for Afterschool All-stars event; Private meetings

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241039

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICIAL APPROVING TRAVEL AND PAYMENT

DATE

5/19/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE